

Report for: ACTION

Item Number: 9

The Royal Borough



Windsor &
Maidenhead

Contains Confidential or Exempt Information	NO - Part I
Title	Better Care Fund - Pooled Budget Agreement
Responsible Officer(s)	Christabel Shawcross, Strategic Director of Adult and Community Services
Contact officer, job title and phone number	Nick Davies, Head of Strategic Commissioning Adults and Housing. 01628 683614/ Viki Wadd WAM CCG
Member reporting	Cllr David Coppinger, Lead Member for Adult Services, Health and Sustainability/ Dr Adrian Hayter WAM CCG
For Consideration By	Health and Wellbeing Board
Date to be Considered	12 March 2015
Affected Wards	All Wards
Keywords/Index	Integration, health and social care, improved outcomes, resident needs, S75, pooled budget, BCF, NHS, CCG

Report Summary

1. This report provides an update on the Better Care Fund (BCF) agreement between RBWM, Windsor, Ascot and Maidenhead (WAM) and Bracknell and Ascot (B&A) Clinical Commissioning Groups (CCGs). The final agreement was approved by NHS England in December 2014.
2. The report seeks Health and Wellbeing Board approval of the pooled budget to be taken through the governance structures of partner organisations, known as a Section 75 (S75) agreement, enabling RBWM, WAM and B&A CCGs to combine budgets and better manage their financial and service risks.
3. The report notes the potential for the transformational expansion of the BCF to achieve integration in 2016-17 and beyond.
4. It notes progress of BCF projects to deliver better integrated services and reductions in non-elective (emergency) admissions to the Acute Trust through providing more individual help in the community.

If recommendations are adopted, how will residents benefit?

Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
Better care and support at home to prevent hospital admissions	April 2015

1. Details of Recommendations

RECOMMENDATION that Health and Wellbeing Board:

1.1 Agree the contents of this report and the Section 75 agreement for Cabinet and for CCG governing body to approve in March 2015. Should there be any changes that may arise from Cabinet or CCG processes, that there is delegated authority from the Chair of the HWB, the Acting Managing Director of RBWM and the Clinical Chair of WAM CCG to agree them.

2. Reason for Recommendation and Options Considered

2.1 The Better Care Fund Context.

Announced by Government in 2013, the BCF is a national programme to integrate resources between local government and the NHS. It creates a single pooled budget to enable joint commissioning of services to provide residents with better care. Our BCF pooled budget for 2015-16 within RBWM will stand at £9.9m.

RBWM have been set a 2015-16 target by the Department of Health (DH) to reduce the total number of non-elective (emergency) admissions to hospital by 406 (3.5%). The DH have therefore ring-fenced the equivalent cost of these 406 admissions (£604k) in our BCF budget into a performance fund. If we do not achieve the reduction, the DH will transfer £1,490 for each admission we're above target to the local Acute Hospital Trusts to assist them in meeting the costs of these admissions.

2.2 The Assurance Process for the Better Care Fund Submission.

The BCF plan submitted on the 19 September 2014 has been subject to an extensive assurance process that concluded on 8 December 2014 with NHSE confirming that the RBWM, WAM and B&A BCF plans were approved.

2.3 Section 75 Agreement

There is a requirement for an appropriate legal agreement to be in place because the agreement involves the local authority and the CCGs pooling funding to support integrated services. The appropriate legal agreement is a S75 agreement. This refers to Section 75 of the National Health Service Act 2006 and the Local Government Act 1972. It allows both the local authority and health to contribute funding to a joint budget that can then be used to fund better services for residents.

The key features of the RBWM, WAM and B&A S75 Agreement are the governance arrangements; the financial risk share agreement; and the rules for redeploying funding if projects are not successfully delivering. The agreement has been signed by B&A as they contribute £837k to the pooled budget and to ensure consistency for all RBWM residents.

2.4 Delivering the plan.

Alongside the assurance process the work has continued to develop and deliver practical integrated health and social care pathways and projects have continued at pace in RBWM. The vision and ambition for the BCF to transform services for residents in RBWM as agreed by the RBWM Health & Wellbeing Board (HWB) and

Cabinet in September 2014 is being delivered. There is now a firmer focus on achieving the emergency admissions target as required nationally and because it provides better care for residents in their home as well as it enabling the wider transformation. The progress of the 6 key projects that have a focus and individual targets to deliver the non-elective admission target reduction of 3.5% the equivalent of avoiding 406 admissions between December 2014 and December 2015 is detailed in Appendix 1.

There are a wider group of services and roles that are crucial components of the potential platform for integration and wider transformation and the ability to build on the BCF agreement projects in the coming years. These include the integrated Short Term Reablement service, Outcome Based Commissioning of Homecare alongside Community Geriatricians and Dementia Advisor posts.

The biggest challenge is workforce development across health and social care services for which training is necessary to embed a culture of prevention. Additionally the work with the Acute Trust to change the culture of admission without call on prevention services is crucial and will be ensured by the Transformation Board.

2.5 Ambition for future Transformation.

In order to achieve services that are more responsive and understandable to residents, the BCF provides the potential for wider transformation and integration. The areas of work that will be explored in 2015-16 are: the ability to pool additional health and social care resources up to £40m per annum; the opportunities for greater joint commissioning of services to deliver efficiency; the ability to integrate commissioning and operational teams across the local authority and health. These plans will be developed during 2015-16.

Option	Comments
1. Agree S75 pooled budget BCF agreement between RBWM, WAM and B&A. Recommended	This will ensure additional funds for Adult Social Care are available and residents will receive more and new integrated services as well as the NHS increasing the capacity of community based services.
2 Limit the BCF to current budget only.	This will limit potential for more joined up services for residents.
3 Scope the potential for Transformational change by adding additional services to the BCF from 2016-17. Recommended	Potential for wider transformation to achieve better service and more efficient health and social care system.

3. Key Implications

This is a unique opportunity to bring resources together with health and social care to join up services for residents. It is ambitious and requires considerable detailed work to ensure better outcomes are delivered, targets are met and residents are involved in shaping services. The investment in preventing and promoting independence for all residents is intended to release efficiencies to meet higher demand and needs over three years. Previous papers refer to the full range of defined outcomes to be delivered by the BCF. The table below concentrates on the non-elective admissions target.

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
Reduce all emergency admissions to hospital by 3.5% or 406	Below 3.5%	3.5%-4%	4.1%-5%	Above 5%	31 December 2015
A reduced number of residents (proportion of the population) being permanently admitted to residential or nursing care, meaning residents are living more independently for longer.	Above 135	135-130	129-125	Below 125	31 March 2016
Reablement services ensure that more people are living independently 91 days after being discharged from hospital.	Below 85%	85-87%	88-90%	Above 90%	31 March 2015
The number of delayed discharges due to health and social care from hospital is reduced so patients recover quicker at home.	Above 28	28-27	26-25	Below 25	31 March 2015
The number of injuries as a result of falls in those who are 65+ is reduced and improves health and well being of vulnerable older people.	Above 490	490-485	484-480	Below 480	31 March 2015

4. Financial Details

a) Financial impact on the budget

The approved revenue budget contains £9.9m in 2015/16 for the BCF.

	2015/16	2016/17	2017/18
	* Revenue £000	Revenue £000	Revenue £000
Addition	0	0	0
Reduction	0	0	0

The proposals set out in the S75 Agreement have been included in the 2015/16 budget that was approved by the Council on 24 February 2015.

The key financial implications for RBWM and the CCGs are that sufficient funding is available to maintain and develop services that integrate health and social care and to help meet the cost of the growth in demand for social care services. The integration of health and social care is anticipated to financially benefit both the Council and the CCGs. Should the integration be successful in reducing hospital admissions then additional CCG funding should be released in subsequent years to further develop integrated community services which should lead to a further decrease in hospital admissions.

However it should be noted that a high risk to the Council and the BCF is the new performance fund and risk share element that underpins this. If there are no reductions at all in the level of emergency admissions, despite the investment in projects designed to deliver such reductions, then a maximum sum of £604k of the BCF will not be payable to the Council, but will be passed over to the acute hospital trusts to help meet their costs in treating the additional admissions. This has been mitigated by the carry forward of a contingency fund from 2014-15 into 2015-16. The contingency fund consists of underspends and slippage from CCG funds transferred to the Council in previous financial years and expected in the current financial year. These funds may only be used with the agreement of the CCG. The targets for emergency admissions will be closely monitored and should there be early identification of risk of non-payment of the performance fund then some services will need to be disinvested in order for the performance fund to keep within the lower budget.

This S75 Agreement covers income of £9.911m and spend of the same value. The individual schemes that aggregate to £9.911m are set out in detail in the finance schedule of the S75 Agreement attached to this report. Details are provided by scheme setting out the source of funding, the responsibility to commission, and the responsibility to meet overspends or to use underspends. This schedule also sets out the governance rules for the overall BCF as well as for the individual schemes.

In summary, the £9.9m income comprises the following items;

Income from	£'000
RBWM	2,071
WAM CCG	7,003
B&A CCG	837
Total	9,911

The £9.9m expenditure will be allocated as follows:

	£'000
Preventative Services	335
Intermediate Care Services	4,431
Support to live in the Community	1,461
Residential & Nursing Home care	785
Equipment & DFGs	1,478
Carer's Services	327
Dementia Services	307
Infrastructure	787
Total	9,911

A fully integrated BCF would comprise of projects whereby risks of overspend and benefits of underspends are shared equally throughout. In recognition that the 2015/16 BCF is not fully integrated, the schemes have been grouped according to the ownership of risk. This is summarised as follows

Ownership of Risk	£'000
Schemes where a single partner is responsible for overspends	2,732
Schemes where overspend risk is shared equally between partners	3,178
Schemes which are fixed contribution towards a larger budget of one partner	3,054
Ring-fenced Capital Schemes – single partner responsible for overspends	947
Total	9,911

This analysis shows that 30% of the BCF is allocated to fully shared risk schemes in 2015-16. Therefore there is potential for further integration in subsequent years through increasing this percentage. There is also significant potential to expand the BCF, and thereby integration, from the transfer in of additional RBWM or CCG budgets.

5. Legal Implications

The DH/LGA guidance is clear that unless local authorities and CCGs reach agreement on the BCF plans, performance outcomes and delivering the BCF will not be available for local authorities for Adult Social Care.

6. Value For Money

Any service procurement or change would be subject to best value considerations, NHS or local authority procurement rules and clarity on how it will deliver better outcomes for residents.

7. Sustainability Impact Appraisal

N/A

8. Risk Management

Risks	Uncontrolled Risk	Controls	Controlled Risk
Not achieving the non-elective admission 3.5% reduction targets by December 2015 and having to pay back up to £604k.	High	Focused projects and governance reporting to track delivery of the target are in place. The risk share clause in the S75 agreement.	Medium

9. Links to Strategic Objectives

The Health & Wellbeing Strategy has as a core objective the integration of health and social care to improve outcomes for residents.

Our Strategic Objectives are:

Residents First

- Support Children and Young People
- Encourage Healthy People and Lifestyles
- Improve the Environment, Economy and Transport
- Work for safer and stronger communities

Value for Money

- Deliver Economic Services
- Improve the use of technology
- Increase non-Council Tax Revenue
- Invest in the future

Delivering Together

- Enhanced Customer Services
- Deliver Effective Services
- Strengthen Partnerships

10. Equalities, Human Rights and Community Cohesion

New service developments or changes will be subject to EQIA and performance monitoring will target the most vulnerable and disabled groups.

11. Staffing/Workforce and Accommodation implications:

The need for additional capacity and changes within the NHS and Social Care will form part of the BCF plans. For example with the proposed increase in numbers of people being diverted from emergency admission more people with complex needs will be referred to the STS&R team or community health teams which will require additional staffing. This is funded through the BCF.

12. Property and Assets

N/A

13. Any other implications

As stated the integration of health social care and pooled budget requires a transformational change in order to meet required outcomes and benefits for residents. The NHS will have to consider different services delivering models within the community if funding is to be moved from acute trusts into the community, to ensure Adult Social Care provision is sufficient to meet the growth in demographic demand of older people and those with disabilities and long term conditions, in order to provide more support for people to stay in their own homes as long as possible.

14. Consultation

The BCF submission builds on previous consultations with users, carers and stakeholders concerning the transformation of social care and integration of health and social care. The Health & Well Being Strategy reflects the priorities for local residents such as telling their story once. Any specific service changes, once identified, will be subject to consultation by either RBWM or the CCGs, once the changed services are identified. It is important to engage and involve patients, service users, carers and partners early on when considering service re-design.

15. Timetable for Implementation of S75 Pooled Budget Agreement

TIMETABLE	
Action	Date
BCF S75 signed off by CCG and Cabinet	March 2015
Better Care Fund pooled budget 15/16 go live	April 2015

16. Appendices

Appendix 1 - BCF Project Progress Report February 2015

Appendix 2 - Section 75 Agreement

17. Background Information

NHS England Planning for a Sustainable NHS: Responding to the 'Call to action'
NHSE, LGA, Trust Development Authority, Monitor: Strategic and Operational
Planning in the NHS. November: Gateway 00658 2013.

NHS England, LGA, Statement on the health and social care Integration
Transformation Fund – August 2013

NHS England, LGA, Next Steps on implementing the Integration Transformation
Fund – October 2013

DCLG – Better Care Fund guidance and templates – December 2013

Letter to HWB Chair – Better Care Fund - 11th July 2014

18. Consultation (Mandatory)

Name of consultee	Post held and Department	Date sent	Date received	See comments in paragraph:
Internal				
Cllr Burbage	Leader of the Council			
Christabel Shawcross	Interim Managing Director and Strategic Director for Adult Services	20/02/2015		
Alan Abrahamson	Finance Partner	20/02/2015		
Cllr Coppinger	Lead Member for Adult Services, Health & Sustainability	26/02/2015		
Michael Llewelyn	Cabinet Policy Officer	26/02/2015		
Roxana Kulkarni	SLS	20/02/2015		
External				
Dr Adrian Hayter	WAM CCG	20/02/2015		
Viki Wadd	WAM CCG	20/02/2015		
Mary Purnell	B&A CCG	20/02/2015		
Nigel Foster	CFO CCG	20/02/2015		

Report History

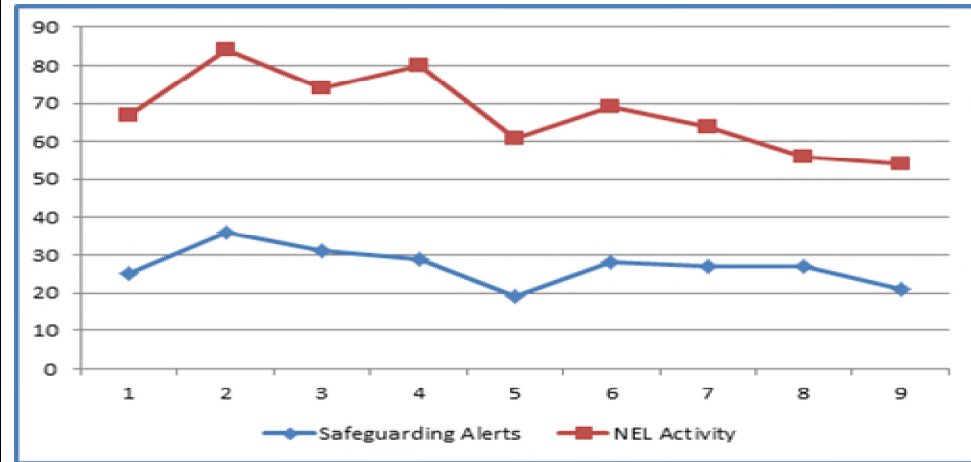
Decision type:	Urgency item?
Key decision	Yes

Full name of report author	Job title	Full contact no:
Nick Davies	Head of Strategic Commissioning Adults and Housing	01628 683614

Appendix 1
February 2015 - BCF Project Progress and update on BCF Governance

Project	Project Lead	Individual project Governance	KPIs/ monitoring	Progress update	RAG
Care Homes On going since Sept 2013	Caroline Yeoman - WAMCC G	Care Homes governance group - reviewed ToR in Nov 2014 - monthly core group meetings to continue with quarterly review with wider stakeholder group	<p>New dashboard formats all agreed - with additional cross correlation between safeguarding alerts and non-elective (NEL) admission trajectories</p> <p>Q3 2014/15 data shows continuing downward trend of 0 and 1 day LOS NEL admission - exceeding performance expectations set out in BCF/QIPP</p> <p>New data request to cross correlate care homes falls data with BCF Falls project has been made - as one immediate impact measure of Harm Free Care programme</p>	<p>Graph 1 – Monthly NEL activity for all RBWM/ WAM Care Homes – 0 and 1 day NEL admissions</p> <p>The figure above demonstrate a sustainable performance improvement, and Q3 figures still include the unfortunate hiatus created by Ascot Nursing home challenges which adversely affected the performance figures for Nov/Dec. The Harm Free Care Programme has been launched in Q4 following a successful pilot at of all the modules at one home: Skin Care/integrity, continence, falls, manual handling, dementia. 12 different care homes already booked onto different modules in Feb/March April.</p> <p>Graph 2: Care Home Safeguarding Alerts and NEL Activity per Fiscal Month 2014/15 There is an encouraging cross correlation between NEL admissions and safeguarding alerts which reflects the confidence of care home managers and</p>	

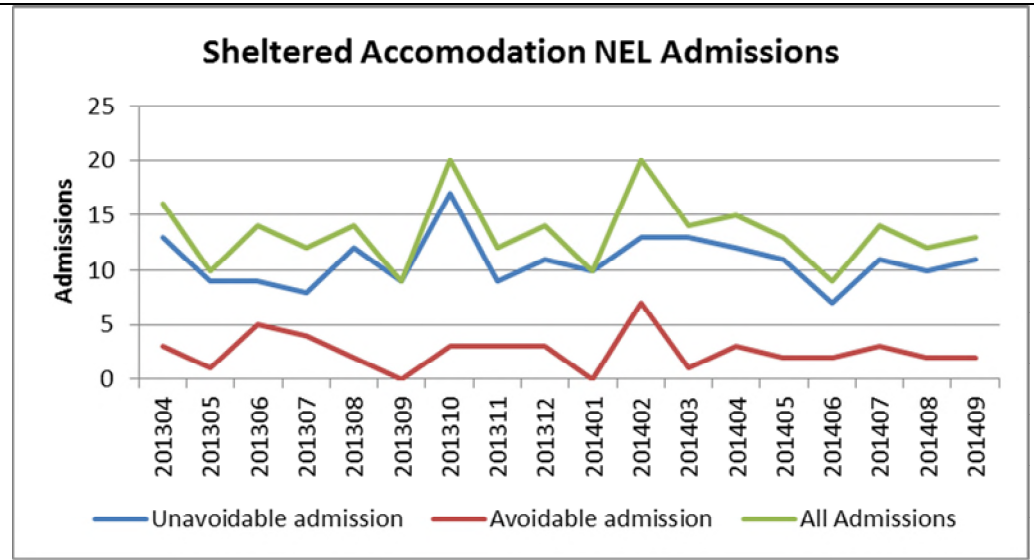
staff in managing the ever increasing acuity & vulnerability of their residents. Recent changes in DOLs legislation and CQC assessment standards have placed new demands on all parties and these are being addressed in partnership rather than adversarial style across all supporting health and social care services at different organisation levels.



Graph 3: shows a widening gap between the total number of SCAS callouts and those resulting in a transfer to hospital.

				<p style="text-align: center;">SCAS Care Home Callouts from Apr 2013</p> <p>This reflects the increased confidence in care home staff in taking paramedic advice and managing patients on site and a reduce propensity of SCAS staff to automatically take patients to acute services - again a partnership approach from all key stakeholders.</p>	
Sheltered accommodation	Caroline Yeoman - WAM CCG	Working group with 3 major local providers	<p>Dashboard shows NEL admissions by Provider, by GP practice and number of readmissions - enabling a more targeted and tailored approach to the NEL admissions and prevention agenda</p> <p>Transfer of data to new platform will be</p>	<ul style="list-style-type: none"> • Radian and Housing Solutions management teams keen to participate in the Harm Free Care training programme provided to Care Home staff as it equips them to better support and manage their resident population. • Keep Safe Stay Well falls prevention education programme for sheltered accommodation residents has been delivered. • CSU request to separate out postcodes of sheltered accommodation as subset of overall NEL admission falls data to monitor progress in 2015/16. • Proactive response to opportunities to engage with recent initiatives launched to address social isolation eg Men in sheds programme • Opportunity to feed back current concerns regarding hospital discharge directly to Wexham discharge team will reinforce the reality of independent and unsupervised living offered within sheltered accommodation environment. 	

undertaken by end Q4 2015



Childrens Project

Marianne Hiley / Catherine Mullins

Multidisciplinary Taskforce identified - 1st meeting scheduled mid Dec

Revised dashboard format in discussion - promised for mid Dec 2014

- Leaflets and advisory docs for three pathways (fever, bronchiolitis and gastroenteritis) ready to circulate to all practices subject to some final NICE guideline adjustments.
- Launch meeting held on 12 January with GP, sure start, Health visitor and CCG stakeholder and reviewed East Berks dataset.
- Data and learning from other paediatric NEL admission reduction initiatives (eg Slough Urgent care centre and Bracknell Healthspace) being reviewed to ensure future investment in additional access opportunities are well targeted
- Need to establish the appropriate links and integration of BCF project with the RBWM Children’s Services initiative - a partnership proposal with Family Friends that have been successful in receiving grant funding of £1,087,988 up to March 2016.

The project which will be a new way of delivering support and interventions through joint social worker/family support/community worker teams based in two local communities. The two teams will draw the strengths of the statutory and voluntary sectors into one team and work directly in, and with, communities.

				<p>These teams will work with the Pakistani community in/adjacent to Maidenhead Riverside and service families in/adjacent to the Clewer North/Clewer South wards, as this is where the greatest potential benefits for such an approach appear to be. In both instances these teams would expand from their initial focus into wider areas and communities.</p>	
Falls prevention	Nick Davies - RBWM	Falls Strategy Implementation Group - All key stakeholders (RBWM, CCG, Falls prevention team, BHFT, SCAS and Frimley Health)	<p>Common falls dashboard agreed across 3 East Berks CCGs -</p> <p>Each CCG able to cut data according to parameters of the specific objectives of their falls programme</p>	<ul style="list-style-type: none"> • Launch meeting of new RBWM/WAM group held on 19 January • Agreement to reinforce existing falls pathway for urgent and non-urgent patients. • Refocussing of the Falls Prevention strategy group is increasing the profile and importance of the falls programme at all levels and across all partner organisations. Data to inform a new dashboard that highlights the inter service referral mechanisms (SCAS, PACE, RACC, STSR, KSSW) of at risk patients is being sought from all partner organisations. Downward trend data for Q3 2014/15 is encouraging – but work still needs to be done to understand the impact of coding in A&E to identify other co morbidities that are affecting the risk of falling. • Further work will be done on Falls data/dashboard to establish monthly quarterly and practice based targets that deliver BCF 9% reduction in NEL admissions, and work towards stretch target of 20% reduction in falls over a two year period. <p>Graph 1: Falls by fiscal month – all NEL admissions to acute services for WAMCCG patients</p>	

				<p>Early feedback from the work of the WAMCCG pharmacy team in reviewing medication of complex patients at pilot practices is very positive. Average savings of £100 per patient on prescribing costs for the small cohort group in the pilot has been identified. Other proxy measures of success/impact can be identified in relation to referral to falls prevention services, which in turn can support NEL admission reduction targets for high risk patients.</p>	
Integrated Working Groups	Allison Arlotte WAMCCG	Multi-disciplinary Advisory sub group from WAMCCG OLT/RBWM/BHFT	Dashboard elements TBA as part of practice monitoring arrangements	Opportunity to implement flexible model introduced by Brighton and Hove IPCT which combines Carer support worker/Assessment Officer into the MDT clinical model well received by working group. Initial discussion with Jayne Rigg (STSR) team to review feasibility of implementation by April 2015. This would build on existing relationships and organisational structures and not be directly dependent on co-location of the Integrated team in one unit.	
Integrated Respiratory Service	Rachel Wakefield E Berks CCGs	Operational Leads for 3 East Berks CCGs	NEL admission reduction targets for each CCG TBA	Revised business case for East Berks wide service still in discussion. Preferred model agreed for WAM and Bracknell & Ascot - but still in discussion with slough re inclusion of shortness of breath as a parameter. Service changes, Objectives and benefits to be woven into the contracting discussions with BHFT and Frimley by Carrol Crowe wherever possible.	
Ambulatory Care	Dr Adrian	Frimley Health Transformation	TBA	Three areas of progress: <ul style="list-style-type: none"> DVT Pathway - very encouraging outline business case developed by CSU 	

Pathways	Hayter	group		<p>demonstrating potential for significant reduction in acute service dependency for diagnosis of suspected DVT patients. Costed options for a community based diagnostic and treatment service at St Mark and KEVII will be presented by CSU for discussion at OLT by end March 2015.</p> <ul style="list-style-type: none"> • Frail elderly pathway - working group set up to take forward jointly with Frimley North. • Application for limited funding to review WAMCCG/RBWM EOLC programme - against the One Chance to get it right national standards has been made. Decision is imminent. BHFT will undertake the work and work with 3 East Berks CCGs to improve current pathway and delivery programme at local and Berkshire wide level.
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Governance and other issues:

- All new projects are being logged onto the new Verto system as they come on stream. Existing projects (previously linked to QIPP) will be transferred to Verto by autumn 2015. Productive discussion has taken place between CCG (Anshu Varma) and RBWM PMO officers (Nimi Johal/Con Georghiou) on how best to align the reporting processes across the two Verto systems to avoid duplication and give integrated overview of all relevant programmes.
- Finalisation of Section 75 Agreement will take place w/c 23 February. All projects will be report on as a BCF portfolio to the Integrated Health Commissioning Board - together with updates on prevention strategies, Public health priorities, Care Act updates etc.
- CSU update on Quarterly reporting against BCF metrics now available together with underpinning constituent projects, as described above
- Prevention strategy workshop facilitated by NDTi took place on 20 January with wide representation from RBWM/WAMCCG project leads and relevant BACCG/Bracknell Forest council. Current programme of prevention activity is being mapped against Tier 1 (whole population) Tier 2 (Diagnosis specific or targeted) and tier 3 (specialist or small group) categories led by Public Health. Review and realignment of resources and priorities will take place in March 2015.
- Links between Big Society Agenda and BCF are being fostered. Loneliness workshop held in December identified three workstrands of particular value:
 - Communication programme - local advertising of activities, groups and support services that promote health and wellbeing
 - Remapping of local navigators aligned to third sector organisations - to identify gaps in service, avoid duplication and develop a more targeted, outcome focussed approach to their activity
 - Commission a structured support programme from third sector organisations for the Proud to be Grey and Men in sheds programmes with supporting funding and clear outcomes.

These three activities are being taken forward under the aegis of WAM Get Involved at a follow up event on 5 March.

MH

26 2.2015